


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-17178 United States Bankruptcy Court Southern District of Texas FILED JUL 31 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Dennis East Int'L	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**MIXED AADC 900 Dennis East Int'L PO Box 1611 Harwich MA 02645-6611 	Check box if you have never received any notices from the bankruptcy court in this case		
	Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: 08623		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 11.3.98 3.31.99		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 11078.79 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		1188	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7.26.00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Norma Maillet Accts. Receivable NORMA MAILLET		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

OPEN ACCOUNT STATEMENT

DENNIS EAST INTERNATIONAL, INC
P.O BOX 1611
N. Harwich MA 02645

4.27.00

08623

Page: 1

SPECIALTY RETAILERS INC (M)

TERMS: 6

SALES REP: HOU

COLLECTION

INVOICE	DATE	TRANS	P.O. NUMBER	DEBIT	CREDIT	BALANCE
10044819	11/03/98	Invoice	7436556J	55435.50		1858.50
	12/09/98	Payment			52468.29	
	12/09/98	Cred. Adj			1108.71	
10051062	01/27/99	Invoice	7216270	484.00		65.08
	05/11/99	Payment			191.47	
	09/27/99	Payment			227.45	
10051063	01/27/99	Invoice	7216300	484.00		484.00
10051171	01/29/99	Invoice	7199481	987.00		987.00
10051172	01/29/99	Invoice	7216017	1145.00		1145.00
10051173	01/29/99	Invoice	7214243	1145.00		1145.00
10051174	01/29/99	Invoice	7215924	1145.00		1145.00
10051176	01/29/99	Invoice	7216335	300.00		300.00
10051177	01/29/99	Invoice	7216319	300.00		300.00
10051178	01/29/99	Invoice	7216351	300.00		300.00
10051179	01/29/99	Invoice	7216343	300.00		300.00
10051180	01/29/99	Invoice	7250452	354.00		354.00
10051181	01/29/99	Invoice	7250479	354.00		354.00
10051182	01/29/99	Invoice	7250371	354.00		354.00
10051183	01/29/99	Invoice	7250436	354.00		354.00

PLEASE MAKE CHECKS PAYABLE TO : DENNIS EAST INTERNATIONAL, INC

FOR BILLING INQUIRIES PLEASE CONTACT OUR ACCOUNTS RECEIVABLES AT :
1-800-430-5665 WE ACCEPT MASTERCARD AND VISA.

OPEN ACCOUNT STATEMENT

DENNIS EAST INTERNATIONAL, INC
P.O BOX 1611
N. Harwich MA 02645

4.27.00

08623

Page: 2

SPECIALTY RETAILERS INC (M)

TERMS: G.

SALES REP: HOU

COLLECTION

INVOICE	DATE	TRANS	P.O. NUMBER	DEBIT	CREDIT	BALANCE
10058310	03/29/99	Invoice	7278071	210.00		150.00
	04/28/99	Cred. Adj			60.00	
10058311	03/29/99	Invoice	7278276	210.00		210.00
10058312	03/29/99	Invoice	7278136	210.00		210.00
10058313	03/29/99	Invoice	7278217	210.00		210.00
10058836	03/31/99	Invoice	7187742	42660.60		853.21
	05/17/99	Payment			40314.27	
	05/17/99	Cred. Adj			639.91	
	05/17/99	Cred. Adj			853.21	

Current	1-30 Past	31-60 Past	61-90 Past	91 + Past	Late Charge	Total Due
				11078.79		11078.79

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